

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>EW</i>	<i>62094</i>	<i>6/23/99</i>
O.I.P.E. CLASSIFIER		<i>25</i>	<i>07-01-99</i>
FORMALITY REVIEW		<i>70121</i>	<i>7/15/99</i>

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral) Canceled
 ÷ Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Best Available Copy

Claim	Date
Final Original	
A 1	✓
A 2	✓
A 3	✓
A 4	✓
A 5	✓
A 6	✓
A 7	✓
A 8	✓
A 9	✓
A 10	✓
A 11	✓
A 12	✓
A 13	✓
A 14	✓
A 15	✓
A 16	✓
A 17	✓
A 18	✓
A 19	✓
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A 40	✓
A 41	✓
A 42	✓
A 43	✓
A 44	✓
A 45	✓
A 46	✓
A 47	✓
A 48	✓
A 49	✓
A 50	✓

Claim	Date
Final Original	
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Claim	Date
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If more than 150 claims or 10 actions
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